



**SERVICE AND WORK REQUEST FORM**  
**DEPARTMENT OF LAND MANAGEMENT**  
**GOVERNMENT OF GUAHAN**  
**☎ 649-LAND (5263) ❖ 649-5383 (FAX)**



Instructions: Submit one (1) original and one (1) copy for processing

<b>Date of Request:</b>	
<b>Requesting Agency:</b>	
<b>Contact Numbers:</b>	
<b>Contact Person (s)</b>	
<b>Email Address:</b>	

**Indicate Area of Request**

**Contact #**

	<i>OFFICE OF THE DIRECTOR</i> – Administration	649-5263 ext. 600
	<i>LAND ADMINISTRATION</i> [Office of Land Management Administrator]	649-5263 ext. 400
	<i>LAND PLANNING</i> [Office of the Guam Chief Planner]	649-5263 ext. 300
	<i>LAND RECORDS</i> [Office of the Registrar/Recorder]	649-5263 ext. 100
	<i>LAND SURVEY</i> [Office of Chief of Cadastre/Guam Chief Surveyor]	649-5263 ext. 200
	<i>GIS/LIS</i>	649-5263 ext. 500
	DLM One Stop Business License Counter (Planning Division)	649-5263 ext. 300
	Executive Secretary, Guam Land Use Commission(GLUC)/Guam Seashore Protection Commission(GSPC)	649-5263 ext. 300
	Other	

**Nature of Request** – Be specific on request.

(i.e. request for DLM employee service, consultation, surveying, research, # of days, equipment, etc.)

**(Attach supporting documents)**

**Requested by:**

**Agency Head or Authorized Designee (Please specify)**

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**FOR DEPARTMENT OF LAND MANAGEMENT'S USE**

Date Received \_\_\_\_\_ Time \_\_\_\_\_ DLM CONTROL# \_\_\_\_\_-2015

Logged in By \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
**MICHAEL J.B. BORJA, Director**  
Department of Land Management

\_\_\_\_\_  
**Date**

Original – DLM Director

Copy #1 – DLM Division Assigned

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**COST ESTIMATE FOR REQUESTED SERVICES**

Type of Service \_\_\_\_\_

Computation: (Man-hours, Material & Supplies)

TOTAL RECOVERY COSTS: \$ \_\_\_\_\_

Refer to MOUAP (Memorandum of Understanding, Agreement & Payment)

Prepared by: \_\_\_\_\_

Concurred by: \_\_\_\_\_

**CONCURRED BY:**

\_\_\_\_\_  
**MICHAEL J.B. BORJA, Director**  
Department of Land Management

\_\_\_\_\_  
**Date**